

Attachment 1:
USAF Aviation and Special Duty Photorefractive Keratectomy (PRK) Waiver
Program

I. CURRENT AVIATION AND SPECIAL DUTY PERSONNEL (AD and ARC)

A. Clinical Criteria:

1. Age 21 or older
2. Cycloplegic refraction (cyclopentolate):
 - 2.1. Myopia -1.00 to - 5.50 diopters
 - 2.2. Astigmatism 0.75 to 3.00 diopters
 - 2.3. Must not have hyperopia AND astigmatism (cannot be treated with current technology outside of protocols in certain centers)
 - 2.4. Demonstrated refractive stability (no more than 0.50 diopter shift in sphere or cylinder in the 12 months prior to the baseline referral exam)
 - 2.5. Contact lens wearers: must remove contact lenses at least 4 weeks prior to baseline referral exam
 - 2.5.1. Central keratometry performed on 2 exams separated by at least one week must show less than 0.50 diopter change and refractive stability
 - 2.5.2. The mires by keratometry should be regular
3. No history or evidence of:
 - 3.1. Active ophthalmic disease, neovascularization of the cornea within 1mm of intended ablation zone, or lens opacity, severe dry eyes or excessive pupil enlargement
 - 3.2. Glaucoma or a predisposing disorder to developing glaucoma (e.g., pigment dispersion syndrome) or an intraocular pressure greater than 22 mm Hg
 - 3.3. Evidence of keratoconus, corneal irregularity, or abnormal videokeratography in either eye.
 - 3.4. Concurrent topical or systemic medications which may impair healing, including corticosteroids, antimetabolites, isotretinoin (Accutane®), amiodarone hydrochloride (Cordarone®) and/or sumatriptan (Imitrex®)
 - 3.5. Medical conditions which, in the judgment of the treating ophthalmologist may impair healing, including but not limited to: collagen vascular disease, autoimmune disease, immunodeficiency disease, ocular herpes zoster or simplex, endocrine disorders including but not limited to thyroid disorders and diabetes
4. If corneal topography (CT) is available locally, this will be done and a copy of the actual topography should be included in the referral package. If not available locally, the CT will be done at WHMC prior to PRK, realizing that there may be a rare individual disqualified after arriving at WHMC for final pre-operative evaluation and treatment

B. PRK Referral and Treatment Process:

1. Squadron commander permission
2. Local screening by flight surgeon and Ophthalmologist or Optometrist to verify member meets clinical criteria. If available, obtain corneal topography and include copy of actual CT in referral package
3. Referral package sent to Aeromedical Consultation Service (ACS) for final clearance and permission to proceed (joint responsibility with ACS and treating Ophthalmologists at WHMC). The address is: USAFSAM/FECO, 2507 Kennedy Circle, Brooks AFB, TX 78235-5117. For pilots, apportionment by rated years of service (RYOS) will be done at ACS
4. Member schedules appointment for PRK at WHMC. For ARC personnel not eligible to receive elective surgery at Air Force medical treatment facility, the member must obtain the PRK and follow-up at own expense from civilian ophthalmologist
5. TDY to Brooks AFB and WHMC for final preoperative evaluation, PRK and post-operative follow-up

- 5.1. Anticipate 2 week TDY to San Antonio (Brooks AFB and WHMC) for final pre-op evaluation, treatment and initial post-op follow-up
- 5.2. Follow-up exams are mandatory at the 1, 2, 3, 4, 6, 12, and 24 months
- 5.3. Aviation-specific vision testing will be accomplished at ACS during initial pretreatment and the mandatory 12-month and 24-month ACS follow-up
- 5.4. The 1, 2, 3, 4 and 6-month mandatory follow-up may be done locally if the local eye care professional has had an approved Refractive Surgery for the Warfighter training course for eye care professionals. The local flight surgeon should confirm accomplishment of this training

C. Waiver Process:

1. Clinical eligibility for waiver after PRK
 - 1.1. Individual must meet the applicable USAF vision standards on 2 different examinations separated by at least 2 weeks. These exams may be in addition to the required follow-up exams in paragraph B.5.2. If corrective lenses are required to meet the applicable standard, then they must be prescribed and worn; contact lens wearers must have spectacles as back-up. If night vision goggles (NVG) are required for the duty position then applicable NVG vision standards must be met
 - 1.2. No subjective complaints pertaining to glare, haze, halos, diplopia, or night vision difficulty
 - 1.3. Members may be waived for aviation/special duty while using steroid eye medication. Monthly optometry follow-up with IOT checks are required while on steroid eye drops. Members are restricted from mobility while on steroid eye drops
 - 1.4. Air Traffic Control personnel must meet FAA vision standards
2. Return to Status
 - 2.1. After evaluation by local flight surgeon and PRK eye care professional (optometrist or ophthalmologist) determines that waiver criteria are met, local designated waiver authority may return the member to status pending formal review and certification by MAJCOM
 - 2.2. MAJCOM is the PRK waiver certification authority
 - 2.3. Initial term of waiver validity will not exceed one year (12 calendar months); first waiver renewal will be for one year; subsequent renewals may be for 2 or 3 years at MAJCOM discretion. PRK waivers will not be indefinite. As long as applicable vision standards are met, the member may remain on status pending formal review and certification of waiver renewals.
 - 2.4. A copy of the aeromedical summary with required documentation must be forwarded to the Air Force Aviation and Special Duty PRK Registry at the ACS
3. Required follow-up evaluations and location:
 - 3.1. Individuals will have follow-up evaluations at 1, 2, 3, 4, 6, 12 and 24 months post-op
 - 3.1.1. The 12-month and 24-month post-op evaluations will be accomplished at the ACS
 - 3.1.2. The 1, 2, 3, 4 and 6 month follow-ups may be done locally if the local eye care professional has had an approved Refractive Surgery for the Warfighter training course for eye care professionals. If the local eye care provider has not attended the FDA course then these follow-ups must be done at the ACS or WHMC.
 - 3.1.3. Results of the local evaluations at 1, 2, 3, 4, and 6 months will be forwarded to the ACS PRK Registry
 - 3.2. Post-op evaluations will include, at a minimum:
 - 3.2.1. Complete eye exam including SLE, DFE, IOP, UCVA, BCVA, manifest refraction, cyclopentolate refraction, low contrast Bailey-Lovie visual acuity, Rabin Small Letter Contrast Test
 - 3.2.1.1. The one month exam should ideally include corneal topography
 - 3.2.2. Questionnaire: date of surgery, date of return to status, any visual complaints, for pilots the status of their operative restrictions (Atch 3)

3.2.3. Documentation of the post-op evaluations will be forwarded to the Air Force Aviation and Special Duty PRK Registry

4. Failure to comply with follow-up evaluations and questionnaires, and submission of documentation will result in automatic DNIF until requirements are satisfied